

1-800-533-1710

PATIENT NAME			PATIENT NU	MBER		AGE	SEX	ACCESSION #
TESTING, 9502			L3MRNG91	L3MRNG9154749		55	М	G9154749
ORDERING PHYSICIAN TESTING,9502			CLIENT ORD	ER#				ACCOUNT # LIAISONS
COLLECTION	RECEIVED		REPORT PRI	NTED	SPECIMEN INFORMA	TION		
08/13/10 08:59 A	08/13/10 0	8:59 A	09/14/10	08:12 A	DATE OF BIRTH:			
DATE TIME	DATE	TIME	DATE	TIME				
Test Client								
Attn: Mayo Liaisons								
200 First Street SW								
Rochester, MN 55905								
507-284-8202								

	HI			
TEST REQUESTED	LO		REF RANGE	PERFORM SITE *
Antisperm Antibody, Serum				
Study Type	Indirect			MCR
Head, IgA	0	%	0-49	MCR
Head, IgG	0	%	0-49	MCR
Midpiece, IgA	0	%	0-49	MCR
Midpiece, IgG	0	%	0-49	MCR
Tail, IgA	0	%	0-49	MCR
Tail, IgG	0	%	0-49	MCR
Tail Tip, IgA	0	%		MCR
Tail Tip, IgG	0	%		MCR
Comment				MCR

Analyte Specific Reagent

This test was developed and its performance characteristics determined by Laboratory Medicine and Pathology, Mayo Clinic. This test has not been cleared or approved by the U.S. Food and Drug Administration.

## \* PERFORMING SITE

MCR	Mayo Clinic Dpt of Lab Med & Pathology	Lab Director: Franklin R. Cockerill, III, M.D.
	200 First Street SW Rochester, MN 55905	

PATIENT NAME	ORDER STATUS	COLLECTION DATE AND TIME
TESTING, 9502	Final	08/13/10 08:59 A